Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEVADA	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Donna First name Lynn Middle name		Robert First name Jason Middle name
	Bring your picture identification to your meeting with the trustee.	Barker Last name and Suffix (Sr., Jr., II, III)	-	Barker Last name and Suffix (Sr., Jr., II, III)
2.	All other names you hav used in the last 8 years	е		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0791		xxx-xx-8098

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 2 of 67

Debtor 1 Donna Lynn Barker Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s)	■ I have not used any business name or EINs. Business name(s)				
		EINs	EINs				
5.	Where you live	653 Carmel Way	If Debtor 2 lives at a different address:				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Douglas County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
Why you are choosing this district to file for		Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 3 of 67

Debtor 1 Donna Lynn Barker Debtor 2 Robert Jason Barker				Case number (if known)				
Par	Tell the Court About	Your Bankı	ruptcy C	ase				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapt	er 7					
		☐ Chapt	er 11					
		☐ Chapt	er 12					
		☐ Chapt	er 13					
8.	How you will pay the fee	I will pay the entire fee when I file my petition. Please check with the clerk's office in your lo about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, corder. If your attorney is submitting your payment on your behalf, your attorney may pay with a a pre-printed address.					or money	
		☐ I ne	ed to pa	y the fee in installmen ee in Installments (Offici	ts. If you choose this op	tion, sign and attach the Application for Individuals	to Pay	
			•	,	,	ion only if you are filing for Chapter 7. By law, a jude	ge may,	
		but	but is not required to, waive your fee, and may do so only if your income is less than 150% of the official papelies to your family size and you are unable to pay the fee in installments). If you choose this option, you					
						ficial Form 103B) and file it with your petition.	st iiii Out	
9.	Have you filed for	■ No.						
	bankruptcy within the last 8 years?	☐ Yes.						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	■ No.	Go to	line 12.				
	residence?	Yes.	Has v	our landlord obtained ar	n eviction judgment agai	net vou?		
		⊔ Yes.		No. Go to line 12.	r eviction judgment agai	ist you:		
				Yes. Fill out Initial Sta		n Judgment Against You (Form 101A) and file it as	part of	
				this bankruptcy petitio	n.			

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 4 of 67

Debt Debt		Donna Lynn Barke Robert Jason Barl		Case number (if known)				
Part	3: R	eport About Any Bu	sinesses	You Own as a Sole Proprietor				
12. Are you a sole proprietor of any full- or part-time ■ No. Go t business?				Go to Part 4.				
			☐ Yes.	Name and location of business				
	busine an ind separa as a c	proprietorship is a ess you operate as ividual, and is not a ate legal entity such orporation, rship, or LLC.		Name of business, if any				
	If you sole p separa	have more than one roprietorship, use a ate sheet and attach is petition.		Number, Street, City, State & ZIP Code Check the appropriate box to describe your business:				
		io politici.i.		Health Care Business (as defined in 11 U.S.C. § 101(27A))				
				☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
				☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))				
				☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))				
				■ None of the above				
13.	Chapt Bankr	ou filing under er 11 of the uptcy Code and are small business	deadlines operation	filing under Chapter 11, the court must know whether you are a small business debtor so that it can set approximately business debtor, you must attach your most recent balance sheet, state s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process. C. 1116(1)(B).	ment of			
			■ No.	I am not filing under Chapter 11.				
	busine	definition of small ess debtor, see 11 § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Banl Code.	kruptcy			
			☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankrupto	cy Code.			
Part	4: R	eport if You Own or	Have Any	Hazardous Property or Any Property That Needs Immediate Attention				
14.	Do yo	u own or have any	■ No.					
	prope allege of imr	rty that poses or is d to pose a threat ninent and	Yes.	What is the hazard?				
publi Or do		fiable hazard to health or safety? you own any rty that needs		If immediate attention is				
		diate attention?		needed, why is it needed?				
	perish livesto or a bi	ample, do you own able goods, or ok that must be fed, uilding that needs t repairs?		Where is the property?				
				Number, Street, City, State & Zip Code				

Debt	or 1 Donna Lynn Bark or 2 Robert Jason Bar				Case number (if known)	
Part	5: Explain Your Efforts t	o Re	ceive a Briefing About Credit Counseling			
		Abo	out Debtor 1:	Abo	out Debtor 2 (Spouse Only in a Joint Case):	
15.	Tell the court whether you have received a briefing about credit counseling.	You ■	must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.	You	I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate o completion.	
	The law requires that you receive a briefing about credit counseling before you file for bankruptcy.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.	
	You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificat of completion.	
	file. If you file anyway, the court can dismiss your case, you		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.	
?	will lose whatever filing fee you paid, and your creditors can begin collection activities again.			I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied	
			required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.		with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still	
			If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you		receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.	
			developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted		Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.	
			only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:		I am not required to receive a briefing about credit counseling because of:	
			☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	
			☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	

Active duty.

combat zone.

of credit counseling with the court.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver

Active duty.

I am currently on active military duty in a

If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

military combat zone.

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 6 of 67

	otor 1 Donna Lynn Barke otor 2 Robert Jason Bar			Ca	se number (if ki	nown)		
Par	t 6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	6a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe th	at are not consumer debts of	or business de	bts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will		No					
	be available for distribution to unsecured creditors?		Yes					
18.	How many Creditors do	1 -49		□ 1,000-5,000		2 5,001-50,000		
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		☐ 50,001-100,000		
□ 10 □ 20				10,001-25,000		☐ More than100,000		
19.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001 - \$10 millio	n	□ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 mill		□ \$1,000,000,001 - \$10 billion		
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 mil □ \$100,000,001 - \$500 m		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001 - \$10 millio	n	□ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?	_ ` `	001 - \$100,000	□ \$10,000,001 - \$50 mill		□ \$1,000,000,001 - \$10 billion		
		. ,	001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 mi □ \$100,000,001 - \$500 m		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
Par	7: Sign Below							
For	you	I have ex	ramined this petition, and I declare u	under penalty of perjury that	the informatio	n provided is true and correct.		
			chosen to file under Chapter 7, I am tates Code. I understand the relief a			er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7.		
			rney represents me and I did not pa tt, I have obtained and read the noti			attorney to help me fill out this		
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.								
		bankrupt and 3571	l .			operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,		
			na Lynn Barker Lynn Barker		ert Jason Ba Jason Barke			
			e of Debtor 1		of Debtor 2	51		
		Executed	d on January 9, 2020 MM / DD / YYYY	Executed	on Januar MM / DD			

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 7 of 67

Debtor 1 Debtor 2	Donna Lynn Bark Robert Jason Bar				Case number (if known)		
	attorney, if you are ted by one	under Chap	ter 7, 11, 12, or 13 of title 11,	United States Code, a	and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)	
	not represented by ey, you do not need s page.		se in which § 707(b)(4)(D) ap led with the petition is incorre		e no knov	vledge after an inquiry that the information in the	
		/s/ Michae	l G. Millward		Date	January 9, 2020	
		Signature of	Attorney for Debtor			MM / DD / YYYY	
		Michael G	. Millward 11212				
		Printed name					
		Millward L	aw, Ltd				
		Firm name	,				
		1591 Mone	o Ave				
		Minden, N	V 89423				
		Number, Street,	City, State & ZIP Code				
		Contact phone	(775) 600-2776	Emai	l address	michael@millwardlaw.com	
		11212 NV		_			
		Bar number & S	tate				

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
<u> </u>	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptov_fo

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill	in this information to identify your case	:			
Del	otor 1 Donna Lynn Barker				
0.	First Name	Middle Name	Last Name		
Del	otor 2 Robert Jason Barker				
(Spc	use if, filing) First Name	Middle Name	Last Name		
Uni	ted States Bankruptcy Court for the: DIS	STRICT OF NEVADA			
	se number own)			☐ Chec	k if this is an
				amer	ded filing
Su			Certain Statistical Information		12/15
info you	rmation. Fill out all of your schedules fir r original forms, you must fill out a new 	st; then complete the in	filing together, both are equally responsible formation on this form. If you are filing amend box at the top of this page.		
Par	t 1: Summarize Your Assets				
				Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 1 1a. Copy line 55, Total real estate, from 5			\$	321,432.00
	1b. Copy line 62, Total personal property	, from Schedule A/B		\$	58,028.72
	1c. Copy line 63, Total of all property on 3	Schedule A/B		\$	379,460.72
Par	t 2: Summarize Your Liabilities				
ı aı	Cammanze rour Elabilities				
					abilities It you owe
				Airioui	it you owe
2.	Schedule D: Creditors Who Have Claims 2a. Copy the total you listed in Column A		ricial Form 106D) bottom of the last page of Part 1 of Schedule D	\$	275,592.12
3.	Schedule E/F: Creditors Who Have Unse 3a. Copy the total claims from Part 1 (pri		rm 106E/F) om line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the total claims from Part 2 (no	npriority unsecured claim	s) from line 6j of Schedule E/F	\$	110,547.05
			Your total liabilities	\$	386,139.17
Par	t 3: Summarize Your Income and Exp	enses			
4.	Schedule I: Your Income (Official Form 1) Copy your combined monthly income from			\$	4,943.57
5.	Schedule J: Your Expenses (Official Forr Copy your monthly expenses from line 22			\$	5,745.05
Par	t 4: Answer These Questions for Adm	inistrative and Statistic	al Records		
6.	Are you filing for bankruptcy under Ch No. You have nothing to report on the	• • •	t this box and submit this form to the court with yo	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?				
			s are those "incurred by an individual primarily for r statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily cons the court with your other schedules.	umer debts. You have no	othing to report on this part of the form. Check this	s box and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 13 of 67

Deptor 2	Robert Jason Barker	Case number (if known)	_
	m the Statement of Your Current Monthly Income: Co A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1	opy your total current monthly income from Official Form Line 14.	\$6,053.68

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Donna Lynn Barker

Debtor 1

	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	31,364.34
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	31,364.34

		Case 20-	50032-btb	DOC .	Entered 01/10/20 01:57:	08 Pa	ge 14 of	67
Filli	n this informati	ion to identify	your case and th	is filing	j:			
Deb	tor 1	Donna Lynn	Barker					
D . I.		First Name		Name	Last Name			
	_	Robert Jaso First Name		Name	Last Name			
Unite	ed States Bankru	uptcy Court for	the: DISTRICT	OF NE\	/ADA			
Case	e number							☐ Check if this is an
Casi								☐ Check if this is an amended filing
Off	icial Form	n 106A/E	3					
Sc	hedule	A/B: Pi	roperty					12/15
think inforn	it fits best. Be as nation. If more sp er every question	s complete and a pace is needed, n.	accurate as possibl attach a separate sh	e. If two neet to ti	only once. If an asset fits in more than one married people are filing together, both are nis form. On the top of any additional pages Estate You Own or Have an Interest In	equally resp	onsible for su	oplying correct
1.1				What	is the property? Check all that apply			
	653 Carmel V	V ay			Single-family home	Do not ded	uct secured cla	ims or exemptions. Put
	Street address, if available, or other description			Duplex or multi-unit building Condominium or cooperative		the amount of any secured claims on Sci Creditors Who Have Claims Secured by		I claims on Schedule D:
					Manufactured or mobile home	Current va	lue of the	Current value of the
	Gardnerville	NV	89460-0000		Land	entire prop	erty?	portion you own?
	City	State	ZIP Code		Investment property Timeshare		21,432.00	\$321,432.00
					Other	(such as fe	be the nature of your ownership interest as fee simple, tenancy by the entireties, of estate), if known.	
				Who	has an interest in the property? Check one Debtor 1 only	a me estat	e), ii kilowii.	
	Douglas				Debtor 2 only			
	County				Debtor 1 and Debtor 2 only			munity property
					At least one of the debtors and another r information you wish to add about this iter	(tructions)	
				prop	erty identification number:			
					your entries from Part 1, including any r here		=>	\$321,432.00
•								

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debt Debt		Donna Lynn B Robert Jason		•	Case number (if known)	
3. C a	ars, vans	, trucks, tractor	rs, sport utility ve	hicles, motorcycles		
	No					
_	Yes					
3.1	Make:	Chevrolet		Who has an interest in the property? Check one		cured claims or exemptions. Put secured claims on Schedule D:
	Model:	Trax		☐ Debtor 1 only		ive Claims Secured by Property.
	Year:	2019		Debtor 2 only	Current value of	the Current value of the
	Approxi	imate mileage:	24700	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
		nformation:		\square At least one of the debtors and another		
		ion: 653 Carm nerville NV 894		Check if this is community property (see instructions)	\$12,278	3.00 \$12,278.00
0.0	Malaa	Chevrolet		Who has an interest in the annual O	Do not deduct sec	cured claims or exemptions. Put
3.2		Silverado T	Truck	Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model: Year:	2014	IUUN	☐ Debtor 1 only ☐ Debtor 2 only	Greditors who Ha	ve Claims Secured by Property.
		imate mileage:		_	Current value of	the Current value of the portion you own?
		nformation:		■ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		ion: 653 Carm	el Wav.	At least one of the debtors and another		
		nerville NV 894		■ Check if this is community property (see instructions)	\$18,854	1.00 \$18,854.00
5 A .p	ages you	ı have attached	for Part 2. Write	n for all of your entries from Part 2, including that number here		\$31,132.00
			al and Household Ite	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E	xamples: No	d goods and fur Major appliance		, china, kitchenware		
			Room 1: Eliptic	al, weight bench with weights, desk, lapt	op, lamp	
				armel Way, Gardnerville NV 89460		\$500.00
			Room 2: Piano, bench chair.	book shelf, sofa table, leather chair, cha	ir, piano	
				armel Way, Gardnerville NV 89460		\$600.00
			Room 3: Couch tables, curio ca	, recliner, TV, TV stand, wright desk, two hinet	sota	
				armel Way, Gardnerville NV 89460		\$400.00

Debtor 1 Debtor 2	Donna Lynn BarkerCase numberRobert Jason BarkerCase number	(if known)
	Room 4: Bed, wood bench, dresser, two side tables, and two lamps.	
	Location: 653 Carmel Way, Gardnerville NV 89460	\$300.00
	Room 5: Oven, microwave, dishwasher, fridge, two sets of pots and pans, twelve piece dining plates, three sets of large mixing bowls, electric mixer, food processer, and a coffee pot. Location: 653 Carmel Way, Gardnerville NV 89460	\$2,000.00
	Room 6: Totes with camping stuff, christmas decorations, tools, freezer, two ladders, massage table. Location: 653 Carmel Way, Gardnerville NV 89460	\$200.00
□ No	 sics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanner including cell phones, cameras, media players, games Describe 	s; music collections; electronic devices
	Samsung tablet and kindle. Location: 653 Carmel Way, Gardnerville NV 89460	\$500.00
Example No	bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; statement of the collections, memorabilia, collectibles Describe Books, mainly educational books.	amp, coin, or baseball card collections;
	Location: 653 Carmel Way, Gardnerville NV 89460	\$200.00
Example No	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis musical instruments Describe Eliptical and weight bench. Location: 653 Carmel Way, Gardnerville NV 89460	s; canoes and kayaks; carpentry tools; \$1,150.00
□ No	ns bles: Pistols, rifles, shotguns, ammunition, and related equipment Describe	
	I-ver Johnson m1895 .38 pistol, Astra m600 9mm pistol, Tanrus m44 tracker pistol, Harrington and Richardson mo88 .410 single shotgun, and a Remington nylon 66 .22 rifle. Location: 653 Carmel Way, Gardnerville NV 89460	\$1,000.00
□ No	s bles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 17 of 67

Debto Debto		Donna Lyni Robert Jase			Case number (if known)	
			Work clothes and work Location: 653 Carmel W	out clothes. Vay, Gardnerville NV 89460		\$400.00
	Examp No		ewelry, costume jewelry, engag	ement rings, wedding rings, heirl	oom jewelry, watches, gems, g	old, silver
E	E <i>xamp</i> No	orm animals oles: Dogs, cats Describe	, birds, horses			
	No	her personal a		not already list, including any h	ealth aids you did not list	
				art 3, including any entries for p		\$7,250.00
		escribe Your Fina vn or have any	ncial Assets legal or equitable interest in a	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	E <i>xamp</i> No			me, in a safe deposit box, and on	n hand when you file your petition	on
_	Yes				Cash Location: 653 Carmel Way, Gardnerville NV 89460	\$400.00
				unts; certificates of deposit; share with the same institution, list eacl		ouses, and other similar
				Institution name:		
			Checking and 17.1. Savings	Wells Fargo		\$1,246.72
			or publicly traded stocks s, investment accounts with brol	kerage firms, money market acco	punts	
			Institution or issuer n	name:		
jo		ublicly traded s venture	stock and interests in incorpo	rated and unincorporated busi	inesses, including an interes	t in an LLC, partnership, and
		Give specific in	nformation about them Name of entity:		% of ownership:	

	ebtor 1 ebtor 2		rnn Barker ason Barker		Case number (if known)	
20.	Negoti Non-ne ■ No	able instrume egotiable inst	prporate bonds and other nearts include personal checks, ruments are those you cannot information about them Issuer name:	cashiers' checks, promis	sory notes, and money orders.	
21.			ion accounts	x), 403(b), thrift savings a	accounts, or other pension or profit-sharing p	lans
	□ No					
	■ Yes.	List each acc	ount separately. Type of account:	Institution nan	ne:	
			401(k)	Vanguard.		\$18,000.00
22.	Your s Examp ■ No	hare of all un	ents with landlords, prepaid re	nt, public utilities (electri	ue service or use from a company c, gas, water), telecommunications compani ne or individual:	es, or others
23.	Annuit No	ies (A contra	ct for a periodic payment of m	oney to you, either for lif	e or for a number of years)	
	☐ Yes		Issuer name and description	٦.		
24.		C. §§ 530(b)(1), 529A(b), and 529(b)(1).		am, or under a qualified state tuition progression and interests.11 U.S.C. § 521(c):	gram.
25.	Trusts,	equitable o	r future interests in property	y (other than anything I	isted in line 1), and rights or powers exer	cisable for your benefit
	☐ Yes.	Give specific	information about them			
26.	Examp ■ No	oles: Internet	s, trademarks, trade secrets, domain names, websites, prodesinformation about them			
27.	Examp ■ No	oles: Building	permits, exclusive licenses, continuous information about them		oldings, liquor licenses, professional license	s
M	oney or	property ow	ed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed t	o you			
	☐ Yes.	Give specific	information about them, include	ding whether you alread	y filed the returns and the tax years	
29.	Examp ■ No	support oles: Past due		al support, child support,	maintenance, divorce settlement, property s	settlement

Debtor 1 Debtor 2		Donna Lynn Barker Robert Jason Barker Case number (if known)					
30.		imounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' combenefits; unpaid loans you made to someone else	pensation, Social Security				
	■ No □ Yes.	Give specific information					
	 Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance 						
	■ No □ Yes.	Name the insurance company of each policy and list its value. Company name: Beneficiary:	Surrender or refund value:				
	If you a someo	erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to ne has died. Give specific information					
33.		against third parties, whether or not you have filed a lawsuit or made a demand for payment bles: Accidents, employment disputes, insurance claims, or rights to sue					
	☐ Yes.	Describe each claim					
	Other o	contingent and unliquidated claims of every nature, including counterclaims of the debtor and right	s to set off claims				
	_	Describe each claim					
	■ No	ancial assets you did not already list Give specific information					
36		he dollar value of all of your entries from Part 4, including any entries for pages you have attached irt 4. Write that number here	\$19,646.72				
Pa	rt 5: Des	scribe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.					
_	Do you o	own or have any legal or equitable interest in any business-related property?					
_	_	to to line 38.					
Pa		scribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. ou own or have an interest in farmland, list it in Part 1.					
46.	No.	own or have any legal or equitable interest in any farm- or commercial fishing-related property? Go to Part 7. Go to line 47.					
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above					
	Examp	have other property of any kind you did not already list? les: Season tickets, country club membership					
	■ No □ Yes.	Give specific information					
54	. Add t	he dollar value of all of your entries from Part 7. Write that number here	\$0.00				

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 20 of 67

Debto Debto			Case number (if known)	
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$321,432.00
56.	Part 2: Total vehicles, line 5	\$31,132.00		
57.	Part 3: Total personal and household items, line 15	\$7,250.00		
58.	Part 4: Total financial assets, line 36	\$19,646.72		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$58,028.72	Copy personal property total	\$58,028.72
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$379,460.72

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 21 of 67

Fill in this infor					
Debtor 1	Donna Lynn Bark	er			
	First Name	Middle Name	Last Name		
Debtor 2	Robert Jason Bar	rker			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEVADA			
Case number (if known)				☐ Check if	this is an
				amende	

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of	f the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only		
653 Carmel Way Gardnerville, NV 89460 Douglas County	\$321,432.00	=	\$91,432.00	Nev. Rev. Stat. §§ 21.090(1)(I
Line from Schedule A/B: 1.1			% of fair market value, up to applicable statutory limit	und Frondst
2019 Chevrolet Trax 24700 miles Location: 653 Carmel Way,	\$12,278.00	•	\$0.00	Nev. Rev. Stat. § 21.090(1)(f)
Gardnerville NV 89460 Line from Schedule A/B: 3.1			% of fair market value, up to applicable statutory limit	
2014 Chevrolet Silverado Truck Location: 653 Carmel Way,	\$18,854.00	-	\$0.00	Nev. Rev. Stat. § 21.090(1)(f)
Gardnerville NV 89460 Line from Schedule A/B: 3.2			% of fair market value, up to applicable statutory limit	
Room 1: Eliptical, weight bench with	\$500.00		\$500.00	Nev. Rev. Stat. § 21.090(1)(b)
weights, desk, laptop, lamp floor, and desk. Location: 653 Carmel Way, Gardnerville NV 89460 Line from Schedule A/B: 6.1			% of fair market value, up to applicable statutory limit	

Debtor 1 Donna Lynn Barker Debtor 2 Robert Jason Barker			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim	Specific laws that allow exemption
Deam O. Bioma hash shalf asfa	Schedule A/B			New Barr 0(a) 6 04 000(4)(b)
Room 2: Piano, book shelf, sofa table, leather chair, chair, piano	\$600.00		\$600.00	Nev. Rev. Stat. § 21.090(1)(b)
bench chair. Location: 653 Carmel Way, Gardnerville NV 89460 Line from <i>Schedule A/B</i> : 6.2			100% of fair market value, up to any applicable statutory limit	
Room 3: Couch, recliner, TV, TV stand, wright desk, two sofa tables,	\$400.00		\$400.00	Nev. Rev. Stat. § 21.090(1)(b)
curio, whight desk, two sold tables, curio cabinet. Location: 653 Carmel Way, Gardnerville NV 89460 Line from Schedule A/B: 6.3			100% of fair market value, up to any applicable statutory limit	
Room 4: Bed, wood bench, dresser, two side tables, and two lamps.	\$300.00		\$300.00	Nev. Rev. Stat. § 21.090(1)(b)
Location: 653 Carmel Way, Gardnerville NV 89460 Line from Schedule A/B: 6.4			100% of fair market value, up to any applicable statutory limit	
Room 5: Oven, microwave,	\$2,000.00		\$2,000.00	Nev. Rev. Stat. § 21.090(1)(b)
dishwasher, fridge, two sets of pots and pans, twelve piece dining plates, three sets of large mixing bowls, electric mixer, food processer, and a coffee pot. Location: 653 Carmel Way, Gardnerville NV 89460 Line from Schedule A/B: 6.5			100% of fair market value, up to any applicable statutory limit	
Room 6: Totes with camping stuff, christmas decorations, tools, freezer,	\$200.00		\$200.00	Nev. Rev. Stat. § 21.090(1)(b)
two ladders, massage table. Location: 653 Carmel Way, Gardnerville NV 89460 Line from Schedule A/B: 6.6			100% of fair market value, up to any applicable statutory limit	
Samsung tablet and kindle. Location: 653 Carmel Way,	\$500.00		\$500.00	Nev. Rev. Stat. § 21.090(1)(b)
Gardnerville NV 89460 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Books, mainly educational books.	\$200.00		\$200.00	Nev. Rev. Stat. § 21.090(1)(a)
Location: 653 Carmel Way, Gardnerville NV 89460 Line from Schedule A/B: 8.1		_	100% of fair market value, up to any applicable statutory limit	
Eliptical and weight bench.	\$1,150.00		\$1,150.00	Nev. Rev. Stat. § 21.090(1)(b)
Location: 653 Carmel Way, Gardnerville NV 89460 Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	

Debtor Debtor				Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property		Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	er Johnson m1895 .38 pistol, Astra 600 9mm pistol, Tanrus m44	\$1,000.00		\$1,000.00	Nev. Rev. Stat. § 21.090(1)(i)
tra Ri sh .22	ncker pistol, Harrington and chardson mo88 .410 single otgun, and a Remington nylon 66 2 rifle.			100% of fair market value, up to any applicable statutory limit	
Ga	acation: 653 Carmel Way, ardnerville NV 89460 e from Schedule A/B: 10.1				
	ork clothes and workout clothes.	\$400.00		\$400.00	Nev. Rev. Stat. § 21.090(1)(b)
Ga	e from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
	ish ecation: 653 Carmel Way,	\$400.00		\$400.00	Nev. Rev. Stat. § 21.090(1)(z)
Ga	ardnerville NV 89460 e from Schedule A/B: 16.1			100% of fair market value, up to any applicable statutory limit	
	necking and Savings: Wells Fargo	\$1,246.72		\$1,246.72	Nev. Rev. Stat. § 21.090(1)(z)
				100% of fair market value, up to any applicable statutory limit	
	1(k): Vanguard. e from Schedule A/B: 21.1	\$18,000.00		\$18,000.00	Nev. Rev. Stat. § 286.670
LII	e nom concade / v b. = · · ·			100% of fair market value, up to any applicable statutory limit	
(St	e you claiming a homestead exemption of abject to adjustment on 4/01/22 and every 3 No	3 years after that for ca	ases fi	·	,
Ц	Yes. Did you acquire the property covere No Yes	u by the exemption w	iunin 1	,∠ io days before you filed this case	•

	ase 20-500	32-btb Doc't Entered C)1/1U/2	20 01.57.08	Page 24 01 67		
Fill in this information	n to identify you	ır case:					
Debtor 1 D	onna Lynn Ba	rker					
	rst Name		Name				
	obert Jason B		Name				
United States Bankrup	otcy Court for the:	DISTRICT OF NEVADA					
Case number							
(if known)					_	if this is an ded filing	
Official Form 10		s Who Have Claims Sec	rured	hy Propert		12/15	
Scricuate D.	<u> </u>	Wile Have Glaims Sec	Jui Cu	by 1 Topert	,		
		If two married people are filing together, bot out, number the entries, and attach it to this					
1. Do any creditors have	claims secured by	y your property?					
☐ No. Check this	box and submit to	his form to the court with your other sche	dules. Yo	u have nothing else t	o report on this form.		
Yes. Fill in all o	of the information	helow		-			
	cured Claims	bolow.					
				Column A	Column B	Column C	
for each claim. If more th	nan one creditor has	more than one secured claim, list the creditor so a particular claim, list the other creditors in Pa cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.1 Bank of the W	/est	Describe the property that secures the cla	iim:	\$19,721.12	\$18,854.00	\$867.12	
Creditor's Name		2014 Chevrolet Silverado Truck Location: 653 Carmel Way, Gardnerville NV 89460					
13505 Californ Omaha, NE 68		As of the date you file, the claim is: Check a apply. Contingent	all that				
Number, Street, City,		☐ Unliquidated					
riambol, olioot, oliy,	olalo a Elp oddo	☐ Disputed					
Who owes the debt?	Check one.	Nature of lien. Check all that apply.					
Debtor 1 only		An agreement you made (such as mortga	nge or seci	ıred			
Debtor 2 only		car loan)	igo or 3000	nou .			
_	■ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien)						
☐ At least one of the de	,	☐ Judgment lien from a lawsuit					
Check if this claim recommunity debt		Other (including a right to offset)					

Last 4 digits of account number

4893

Date debt was incurred 04/15/2017

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 25 of 67

Debtor 1	Donna Lynn Ba	arker		Case number (if known)			
	First Name	Middle Na	me Last Name				
Debtor 2							
	First Name	Middle Na	me Last Name				
	M Financial		Describe the property that secures the claim:	\$25,871.00	\$12,278.00	\$13,593.00	
P.(o. Box 181145 Ilington, TX 76096	6-114 5	2019 Chevrolet Trax 24700 miles Location: 653 Carmel Way, Gardnerville NV 89460 As of the date you file, the claim is: Check all that apply. Contingent				
Nun	mber, Street, City, State & Z	ip Code	☐ Unliquidated ☐ Disputed				
Who ow	res the debt? Check or	ne.	Nature of lien. Check all that apply.				
☐ Debto	•		An agreement you made (such as mortgage or car loan)	secured			
_	or 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, mechanic's lien)				
	ist one of the debtors an	nd another	☐ Judgment lien from a lawsuit				
■ Checl	k if this claim relates to munity debt		Other (including a right to offset)				
Date deb	ot was incurred 07/2	28/2019	Last 4 digits of account number 2634	4			
2.3	rivate National ortgage		Describe the property that secures the claim:	\$230,000.00	\$321,432.00	\$0.00	
	editor's Name		653 Carmel Way Gardnerville, NV 89460 Douglas County				
	O. Box 514387 os Angeles, CA 90) 051	As of the date you file, the claim is: Check all that apply. ☐ Contingent	J			
Nun	mber, Street, City, State & Z	ip Code	☐ Unliquidated ☐ Disputed				
Who ow	es the debt? Check or	ne.	Nature of lien. Check all that apply.				
☐ Debto☐ Debto	•		■ An agreement you made (such as mortgage or scar loan)	secured			
_			Ctatuter, lies (auch as tay lies, machaniele lies)				
	or 1 and Debtor 2 only		Statutory lien (such as tax lien, mechanics lien)				
_	or 1 and Debtor 2 only ast one of the debtors an	nd another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit				
☐ At leas	,		_				
At leas	st one of the debtors an	o a	☐ Judgment lien from a lawsuit				
At leas	ist one of the debtors an k if this claim relates to munity debt	o a	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)				
At least	ist one of the debtors and it this claim relates to munity debt of was incurred 08-0 e dollar value of your e	06-2016 entries in Co	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)		12		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 26 of 67

		Case 20-3003	2-0tb D	00 1	Linered	J1/10/	20 01.37.00	rage 20 0	101
Fill in t	his informa	tion to identify your o	case:						
Debtor	1	Donna Lynn Bark	۵r						
Dobio.	•	First Name	Middle Na	ame	Last	t Name		_	
Debtor	2	Robert Jason Bar	ker						
(Spouse it	f, filing)	First Name	Middle Na	ame	Last	t Name		_	
United	States Bank	ruptcy Court for the:	DISTRICT C	F NEVA	DA			_	
Case n				_					Check if this is an
									amended filing
Sche		F: Creditors W							12/15 aims. List the other party to
any exect Schedule Schedule left. Attac name an	eutory contra- e G: Executors e D: Creditors ch the Contir d case numb	cts or unexpired leases ry Contracts and Unexpi s Who Have Claims Sect nuation Page to this pag er (if known).	that could resu ired Leases (Of ured by Propert e. If you have n	ilt in a clai ficial Forr ty. If more no informa	im. Also list exe n 106G). Do not space is neede	ecutory co include a d, copy tl	ontracts on Schedule any creditors with part he Part you need, fill i	A/B: Property (Offi ially secured clain out, number the e	cial Form 106A/B) and on
Part 1:		of Your PRIORITY Un							
_	-	have priority unsecured	d claims agains	st you?					
— 1	No. Go to Par	t 2.							
	Yes.								
Part 2:	Liet All a	of Your NONPRIORIT	V Uncoured	Claima					
					•				
3. DO:	any creditors	have nonpriority unsec	urea ciaims ag	ainst you	r				
Ш	No. You have	nothing to report in this pa	art. Submit this f	orm to the	court with your o	ther sche	dules.		
	Yes.								
unse	ecured claim, one creditor	onpriority unsecured cla list the creditor separately holds a particular claim, li	for each claim.	For each of	claim listed, ident	tify what ty	pe of claim it is. Do not	list claims already i	ncluded in Part 1. If more
									Total claim
4.1		dit / Synchrony Bar Creditor's Name	nk	Last 4 dig	gits of account r	number	7494		\$1,312.20
	PO Box 9	60061		When wa	s the debt incur	red?	January 2019		
		FL 32896-0061							
		et City State Zip Code		As of the	date you file, th	e claim is	: Check all that apply		
	_	ed the debt? Check one.							
	☐ Debtor 1	•		☐ Contin	gent				
	Debtor 2	only		☐ Unliqu	idated				
	Debtor 1	and Debtor 2 only		☐ Disput	ed				
	☐ At least o	ne of the debtors and and	other	Type of N	IONPRIORITY ui	nsecured	claim:		
	Check if	this claim is for a comm	nunity	☐ Studer	nt loans				
	debt	subject to offset?	•		tions arising out o	of a separ	ration agreement or divo	orce that you did not	t
	■ No					ofit-sharing	plans, and other simila	ar debts	
	☐ Yes			Other.	Specify Cons	sumer F	Purchases		

Robert Jason Barker		Case number (if known)	
Carson Valley Medical Center	Last 4 digits of account number	9398	\$28,643.00
Nonpriority Creditor's Name 1107 Highway 395 Gardnerville, NV 89410	When was the debt incurred?	April 2015	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
■ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Medical Se	rvices	
Carson Valley Medical Center Nonpriority Creditor's Name	Last 4 digits of account number	5293	\$2,450.62
1107 Highway 395 Gardnerville, NV 89410	When was the debt incurred?	May 2017	
Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing		
Yes	Other. Specify Medical Se	rvices	
Chase	Last 4 digits of account number	8193	\$636.00
Nonpriority Creditor's Name PO Box 6294 Carol Stream, IL 60197	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
■ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	rration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Consumer	Purchases	

	or 1 Donna Lynn Barker Pr 2 Robert Jason Barker		Case number (if known)					
4.5	Citi Bank	Last 4 digits of account number	3509	\$15,985.80				
	Nonpriority Creditor's Name P.O. Box 78045	When was the debt incurred?	2017	<u> </u>				
	Phoenix, AZ 85062 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one. ☐ Debtor 1 only	_						
	Debtor 2 only	☐ Contingent☐ Unliquidated						
	■ Debtor 1 and Debtor 2 only	Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharing						
	Yes	Other. Specify Consumer	Purchases					
4.6	Citizens One Bank	Last 4 digits of account number	8974	\$1,545.50				
	Nonpriority Creditor's Name One Citizens Bank Way Johnston, RI 02919	When was the debt incurred?						
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one.							
	☐ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	NPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims						
	■ No	Debts to pension or profit-sharing						
	Yes	Other. Specify Vivnt Secu	ecurity System					
4.7	Discover Bank	Last 4 digits of account number	4853	\$10,759.13				
	Nonpriority Creditor's Name PO Box 51908	When was the debt incurred?	2014					
	Los Angeles, CA 90051 Number Street City State Zip Code	As of the date you file, the claim	e. Chook all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Officer all triat apply					
	Debtor 1 only	O continuent						
	Debtor 2 only	☐ Contingent						
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated						
	At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:					
		Student loans						
	Check if this claim is for a community debt Is the claim subject to offset?	<u></u>	eparation agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	☐ Yes	Other. Specify Consumer	• •					
		- Other. Opeony						

	or 1 Donna Lynn Barker or 2 Robert Jason Barker	Case number (if known)	
4.8	Freedom Road Financial Nonpriority Creditor's Name 10509 Professional Cir 5 Reno, NV 89521	Last 4 digits of account number 6648 When was the debt incurred?	\$3,928.36
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	□ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Motorcycle	
4.9	Nelnet Department of Education	Last 4 digits of account number 2589	\$31,364.34
	Nonpriority Creditor's Name PO Box 2837 Portland, OR 97208	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
		Income driven will return to higher monthly amount in December 2019 of \$348 per month.	
4.1 0	US Bank	Last 4 digits of account number	\$12,502.10
	Nonpriority Creditor's Name PO Box 790408 Saint Louis, MO 63179-0408	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	П	
	Debtor 2 only	Contingent	
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated	
	☐ At least one of the debtors and another	Disputed	
		Type of NONPRIORITY unsecured claim: ☐ Student loans	
	Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Consumer Purchases	

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 30 of 67

Donna Lynn Barker Robert Jason Barker	Case number (if known)					
Wells Fargo	Last 4 digits of account number	0538	\$1,420			
Nonpriority Creditor's Name PO Box 51193	When was the debt incurred?	April 2017				
Los Angeles, CA 90051 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
☐ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
■ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
■ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
No	Debts to pension or profit-sharing	g plans, and other similar debts				
□Yes	Other. Specify Consumer	Purchases				

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	0.1			Total Claim
Total	6f.	Student loans	6f.	\$ 31,364.34
claims from Part 2	6a.	Obligations arising out of a separation agreement or divorce that		
Hom Fart 2	og.	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 79,182.71
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 110,547.05

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 31 of 67

Fill in this infor							
Debtor 1	Donna Lynn Bark	er					
	First Name	Middle Name	Last Name				
Debtor 2	Robert Jason Barker						
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF NEVADA					
Case number							
(if known)					Check if this is an		
					amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1			,, , ,		
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	<u></u>
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5	2.0				
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	

Fill in thi	s information to identify y	our case:		
Debtor 1	Donna Lynn I First Name	Middle Name	Last Name	
Debtor 2	Robert Jason	Barker		
(Spouse if, f	ling) First Name	Middle Name	Last Name	
United St	ates Bankruptcy Court for t	he: DISTRICT OF NEVADA		
Case nur	nber			
(if known)				☐ Check if this is an
				amended filing
O((; - ; -	40011			
	al Form 106H			
Sche	dule H: Your C	odebtors		12/15
people ar fill it out, your nam 1. Do No Ye 2. Wi Arizo	e filing together, both are and number the entries in e and case number (if know you have any codebtors of the case of the cas	equally responsible for supp the boxes on the left. Attach own). Answer every question. ? (If you are filing a joint case, o	lying correct informat the Additional Page to do not list either spouse operty state or territor erto Rico, Texas, Washi	y? (Community property states and territories include
	In which community	state or territory did you live?	-NONE-	. Fill in the name and current address of that person.
in lin Form	Number, Street, City, State Plumn 1, list all of your co e 2 again as a codebtor o	debtors. Do not include your nly if that person is a guarant	or or cosigner. Make	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State			Column 2: The creditor to whom you owe the debt Check all schedules that apply:
2.4				Cabadula D. lina
3.1	Name			Schedule D, line
				☐ Schedule E/F, line
				— Collectule O, lille
	Number Street	Stato	ZIP Code	
	City	State	ZIF COUR	
3.2	Name			Schedule D, line
	Name			Schedule E/F, line
				☐ Schedule G, line
	Number Street			_
	City	State	ZIP Code	

Fill in this informa	ation to identify your case:	
Debtor 1	Donna Lynn Barker	
Debtor 2 (Spouse, if filing)	Robert Jason Barker	
United States Bar	nkruptcy Court for the: DISTRICT OF NEVADA	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Fo		13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Emmlerment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	CNA, Unit Clerk	Assistant Manager
	Include part-time, seasonal, or self-employed work.	Employer's name	Carson Valley Medical Center	Ace Hardware
	Occupation may include student or homemaker, if it applies.	Employer's address	1107 Highway 395 Gardnerville, NV 89410	1406 Industrial Way Gardnerville, NV 89410
		How long employed the	nere? 8.5 years	13 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,015.24 \$ 2,968.33

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106l Schedule I: Your Income page 1

	otor 1 otor 2	Donna Lynn Barker Robert Jason Barker	-	(Case	e number (<i>if known</i>)	_			
	0	unting 4 hours	4			r Debtor 1		For Debtor non-filing s	spouse	
	Cop	y line 4 here	4.		\$_	3,015.24	-	\$ <u>2</u> ,	,968.33	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	۱.	\$	419.77		\$	432.94	
	5b.	Mandatory contributions for retirement plans	5b).	\$	0.00	-	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c	: .	\$	130.00		\$	0.00	
	5d.	Required repayments of retirement fund loans	5d	l.	\$_	0.00		\$	0.00	
	5e.	Insurance	5e		\$_	57.29	_	\$	0.00	
	5f.	Domestic support obligations	5f.		\$_	0.00	-	\$	0.00	
	5g.	Union dues	5g		\$_	0.00	-	\$	0.00	
	5h.	Other deductions. Specify:	_ 5h	1.+	\$_	0.00	+	\$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	607.06	_	\$	432.94	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,408.18	_	\$2,	,535.39	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$_	0.00	_	\$	0.00	
	8b.	Interest and dividends	8b).	\$_	0.00	-	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	; <u>.</u>	\$	0.00		\$	0.00	
	8d.	Unemployment compensation	8d	l.	\$	0.00	-	\$	0.00	
	8e.	Social Security	8e) .	\$	0.00		\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	-	\$_	0.00		\$	0.00	
	8g.	Pension or retirement income	8g		\$_	0.00		\$	0.00	
	8h.	Other monthly income. Specify:	8h	1.+	\$_	0.00	+	\$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$	0.00] [\$	0.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2.408.18 + \$		2,535.39	= \$	4 042 57
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		2,408.18 + \$	_	2,333.39	$ ^{\Psi} -$	4,943.57
11.	Stat Incli othe Do	the all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your fir friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe				,	d in Schedule	e <i>J.</i> +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							\$	4,943.57
									Combin	iea / income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							, -
		Yes. Explain: After January 5th it will be 1.75 per hour.								

Official Form 106l Schedule I: Your Income page 2

	in this informa	ition to identify yo	our caca:			I		
Deb	tor 1	Donna Lynn	Barker				k if this is: An amended filing	
	tor 2 ouse, if filing)	Robert Jaso	n Barker				A supplement show	ving postpetition chapter the following date:
Unite	ed States Bankr	ruptcy Court for the	: DISTRI	CT OF NEVADA		7	MM / DD / YYYY	
	e number nown)							
Of	ficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ises				12/15
info	rmation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Part		ribe Your House	ehold					
1.	Is this a joir							
	□ No. Go to		:	ata hawashaldO				
			ın a separ	ate household?				
	■ N □ Y	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debt	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
•	_							☐ Yes
3.		oenses include f people other t	han	No				
		d your depende		Yes				
Part	2: Estim	ate Your Ongoi	na Monthi	v Expenses				
Esti	imate your ex	cpenses as of yo	our bankr	uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
(Off	icial Form 10)6I.)					Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4. \$		1,484.78
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
				upkeep expenses		4c. \$		150.00
_		owner's associat			and a model of the con-	4d. \$		0.00
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Debtor 1 Debtor 2			ynn Barker ason Barker Cas	se num	ber (if known)	
6.	Utilit	ties:				
٥.	6a.		heat, natural gas	6a.	\$	146.00
	6b.	Water, sev	wer, garbage collection	6b.	\$	37.50
	6c.		e, cell phone, Internet, satellite, and cable services	6c.	\$	170.00
	6d.	Other. Spe	ecify:	6d.	\$	0.00
7.	Food		ekeeping supplies	7.	\$	650.00
8.	Child	dcare and c	hildren's education costs	8.	\$	0.00
9.	Cloth	hing, laund	ry, and dry cleaning	9.	\$	175.00
10.	Pers	onal care p	roducts and services	10.	\$	100.00
11.	Medi	ical and der	ntal expenses	11.	\$	800.00
12.	Tran	sportation.	Include gas, maintenance, bus or train fare.			
	Do n	ot include ca	ar payments.	12.	\$	350.00
			clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
14.	Char	ritable cont	ributions and religious donations	14.	\$	10.00
15.		rance.				
			surance deducted from your pay or included in lines 4 or 20.	4-	•	
		Life insura		15a.	· -	0.00
		Health insi		15b.	·	0.00
		Vehicle ins		15c.	·	181.00
			rance. Specify: Home Warranty	15d.	\$	41.67
	Spec	cify:	clude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.			ease payments:	47-	•	400.40
		, ,	ents for Vehicle 1	17a.	·	499.10
			ents for Vehicle 2	17b.	·	371.00
		Other. Spe		17c.	·	0.00
		Other. Spe		17d.	\$	0.00
	dedu	ucted from	of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
19.			s you make to support others who do not live with you.		\$	0.00
00	Spec		and a second sec	19.		
20.			erty expenses not included in lines 4 or 5 of this form or on Schedul	20a.		0.00
		Real estate	s on other property	20a. 20b.	·	0.00
					·	0.00
			nomeowner's, or renter's insurance	20c.	·	0.00
			nce, repair, and upkeep expenses	20d.	·	0.00
			er's association or condominium dues	20e.	*	0.00
21.			Vivent Home Security	21.	·	81.00
	Stuc	dent Loans	S	=	+\$	348.00
22.		•	monthly expenses			
		Add lines 4	•		\$	5,745.05
	22b.	Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a	a and 22b. The result is your monthly expenses.		\$	5,745.05
23.	Calc	ulate your r	monthly net income.			
	23a.	Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	4,943.57
	23b.	Copy your	monthly expenses from line 22c above.	23b.	-\$	5,745.05
	23c.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	-801.48
24.	For ex	xample, do yo fication to the	an increase or decrease in your expenses within the year after you finuse expect to finish paying for your car loan within the year or do you expect your most terms of your mortgage?			or decrease because of a
			Explain here:			
	– 10	∵ ა.	Explain note.			

Fill in this infor	rmation to identify your case:		
Debtor 1	Donna Lynn Barker		
Dobtor 1		e Name Last Name	
Debtor 2	Robert Jason Barker		
(Spouse if, filing)		e Name Last Name	
United States B	Bankruptcy Court for the: DISTRICT	T OF NEVADA	
Case number			
(if known)		_	☐ Check if this is an
			amended filing
· You must file th obtaining mone	nis form whenever you file bankrupt	equally responsible for supplying correct information. tcy schedules or amended schedules. Making a false sta on with a bankruptcy case can result in fines up to \$250,0 571.	
Sig	gn Below		
Did you pa	ay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?	
■ No			
_	Name of person	Attach <i>Ba</i>	nkruptcy Petition Preparer's Notice,
_	Name of person		nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
☐ Yes. Under penathat they a	alty of perjury, I declare that I have are true and correct.	Declaration Declaration Declaration Declaration Declaration	on, and Signature (Official Form 119)
☐ Yes. Under penathat they all X /s/ Do	alty of perjury, I declare that I have are true and correct.	read the summary and schedules filed with this declarate X /s/ Robert Jason Barker	on, and Signature (Official Form 119)
Under penathat they al	alty of perjury, I declare that I have are true and correct.	Declaration Declaration Declaration Declaration Declaration	on, and Signature (Official Form 119)

		nation to identify your						
Deb	tor 1	Donna Lynn Bar	ker Middle Name	Last Name				
Deb	tor 2	Robert Jason Ba	rker					
(Spou	se if, filing)	First Name	Middle Name	Last Name				
Unit	ed States Ba	nkruptcy Court for the:	DISTRICT OF NEVADA					
Case (if kno	e number					heck if this is an mended filing		
Sta Be as	s complete a	of Financial A	ble. If two married people a attach a separate sheet to		ankruptcy equally responsible for sup radditional pages, write you			
Part			rital Status and Where You	Lived Before				
1.	What is you	current marital statu	s?					
	■ Married □ Not mar	ried						
2.	During the la	uring the last 3 years, have you lived anywhere other than where you live now?						
	■ No □ Yes. Lis	t all of the places you li	ved in the last 3 years. Do no	ot include where you live now				
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there		
					ity property state or territory co, Texas, Washington and W			
	□ No							
	■ Yes. Ma	ke sure you fill out <i>Sch</i>	edule H: Your Codebtors (Of	ficial Form 106H).				
Part	2 Explai	n the Sources of You	r Income					
	Fill in the tota	I amount of income you	received from all jobs and a	g a business during this yeall businesses, including parter together, list it only once ur		ndar years?		
	□ No ■ Yes. Fill	in the details.						
			Debtor 1		Debtor 2			
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)		
	last calenda uary 1 to De	r year: cember 31, 2019)	■ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$35,620.00		
			☐ Operating a business		☐ Operating a business			

Official Form 107

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 39 of 67

Debtor 1 Debtor 2	Donna Lynn Robert Jaso			Cas	e number (if known)		
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
	alendar year be 1 to December		■ Wages, commissions, bonuses, tips	\$68,407.00	☐ Wages, components bonuses, tips	missions,	\$0.00
			☐ Operating a business		☐ Operating a b	ousiness	
	alendar year: 1 to December	31, 2017)	■ Wages, commissions, bonuses, tips	\$65,873.00	☐ Wages, comi bonuses, tips	missions,	\$0.00
			☐ Operating a business		☐ Operating a b	ousiness	
and o winni List e	other public bene ngs. If you are fil	fit payments; ping a joint case	er that income is taxable. Exa pensions; rental income; intere e and you have income that y me from each source separat	est; dividends; money collect ou received together, list it c	ted from lawsuits; in the state of the state	royalties; an btor 1.	
			Debtor 1		Debtor 2		
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
Part 3:	List Certain Pa	yments You	Made Before You Filed for E	Bankruptcy			
	No. Neither Dindividual During the No. Yes * Subject	90 days before 7. List below e paid that create not include paid to adjustment or Debtor 2 or 90 days before Go to line 7. List below e include payr	ach creditor to whom you paid ditor. Do not include paymen payments to an attorney for the on 4/01/22 and every 3 years both have primarily consume you filed for bankruptcy, did	mer debts. Consumer debted purpose." If you pay any creditor a total da total of \$6,825* or more its for domestic support oblighis bankruptcy case. If after that for cases filed on mer debts. If you pay any creditor a total da total of \$600 or more and	I of \$6,825* or more paying one or more paying ations, such as children or after the date of I of \$600 or more?	e? ments and tl ild support a f adjustment	he total amount you nd alimony. Also, do
Cro	ditor's Name an	d Address	Dates of narma	nt Total amount	Amount you	Was this	navment for
Cie	anoi s Naille all	u Auuless	Dates of paymen	paid	Amount you still owe	44a5 (1115)	payment for

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 40 of 67

	btor 1 Donna Lynn Barker btor 2 Robert Jason Barker		Cas	o pumbor (if Imaum)		
Del	btor 2 Robert Jason Barker		Cas	se number (if known)		
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general prof which you are an officer, director, person in a business you operate as a sole proprietor. Alimony.	artners; relatives of any ger n control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporations agent, including one for
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
З.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on a	ecount of a de	ebt that benefited an
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name
Pai	rt 4: Identify Legal Actions, Repossessio	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	■ No□ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo		erty repossessed, f	oreclosed, garnis	hed, attached	d, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happene	d			
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No		luding a bank or fir	nancial institution	, set off any a	amounts from your
	☐ Yes. Fill in the details.					
	Creditor Name and Address	Describe the action the	e creditor took	Date :	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possess	ion of an assigne	e for the bene	efit of creditors, a
	■ No □ Yes					
Pa	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No	ptcy, did you give any gift	s with a total value	of more than \$60	0 per person	?
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the gi	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 41 of 67

	btor 1 Donna Lynn Barker btor 2 Robert Jason Barker	Case number	(if known)	
14.	Within 2 years before you filed for bankro ■ No □ Yes. Fill in the details for each gift or c	uptcy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	otal Describe what you contributed	Dates you contributed	Value
Pa	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,
	■ No □ Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	rt 7: List Certain Payments or Transfers			
	□ No ■ Yes. Fill in the details. Person Who Was Paid Address	preparers, or credit counseling agencies for services require Description and value of any property transferred	Date payment or transfer was	Amount of payment
	Email or website address Person Who Made the Payment, if Not Y	'ou	made	
	Millward Law, Ltd. 1591 Mono Ave. Minden, NV 89423 Michael@Millwardlaw.com	Attorney Services	11/22/2019 Check # 372- \$1,800.00 12/5/2019 Check # 373- \$500.00	\$2,300.00
	001 Debtorcc, Inc 378 Summit Avenue Jersey City, NJ 07306 https://www.debtorcc.org/	Credit Counselling	12/19/19	\$15.95
17.		ptcy, did you or anyone else acting on your behalf pay ditors or to make payments to your creditors? you listed on line 16.	or transfer any prope	rty to anyone who
	Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 42 of 67

	otor 1 otor 2	Donna Lynn Barker Robert Jason Barker				Ca	se number (if known)			
18.	Includinclud	n 2 years before you filed for bankrup ferred in the ordinary course of your lebel both outright transfers and transfers mele gifts and transfers that you have alrea No Yes. Fill in the details.	busin nade a	ess or financial af as security (such as	fairs? the granting of a					
	Pers Addı	on Who Received Transfer ress		Description and property transfe			Describe any propayments received paid in exchange		Date transfer wa made	18
	Pers	on's relationship to you								
19.	benef	n 10 years before you filed for bankru ficiary? (These are often called asset-pi No			ny property to a	self	f-settled trust or si	milar device o	f which you are a	1
		Yes. Fill in the details.								
	Nam	e of trust		Description and	value of the pro	pert	y transferred		Date Transfer w made	as
Dar	4 Q -	List of Certain Financial Accounts, Ir	etrur	ments Safe Denos	it Boyes and St	ora	no I Inite			
		·		•	,		_			
20.	sold, Include house	n 1 year before you filed for bankrupt moved, or transferred? de checking, savings, money market, es, pension funds, cooperatives, asso No Yes, Fill in the details.	or otl	her financial acco	unts; certificates	s of o	•			
	_	e of Financial Institution and	Las	st 4 digits of	Type of acco	unt 4	or Date acco	unt was	Last balan)CE
		ress (Number, Street, City, State and ZIP		account number instrument		closed, so moved, or transferred	ld,	before closing trans	or	
21.		ou now have, or did you have within 1 or other valuables?	year	before you filed fo	or bankruptcy, a	ny s	afe deposit box or	other deposit	ory for securities	i,
	_	No Yes. Fill in the details.								
		e of Financial Institution ress (Number, Street, City, State and ZIP Code)		Who else had ac Address (Number, State and ZIP Code)		De	scribe the content	s	Do you still have it?	
22.	_	you stored property in a storage unit	or pla	ace other than you	ır home within 1	yea	ır before you filed	for bankruptcy	y?	
	_	No Yes. Fill in the details.								
		e of Storage Facility ress (Number, Street, City, State and ZIP Code)		Who else has or to it? Address (Number, State and ZIP Code)		De	scribe the content	s	Do you still have it?	
Par	t 9:	Identify Property You Hold or Contro	l for S	Someone Else						
23.	•	ou hold or control any property that so omeone.	omeo	ne else owns? Inc	lude any proper	ty y	ou borrowed from,	are storing fo	or, or hold in trus	t
		No Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Code) Describe the property						Val	ue		
Par	t 10:	Give Details About Environmental In	forma	ation						
For	the pu	rpose of Part 10, the following definit	ions	apply:						
	Envir	onmental law means any federal, stat	e, or l	local statute or red	gulation concerr	nina	pollution. contam	ination. releas	es of hazardous	or

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 43 of 67

Debtor 1 **Donna Lynn Barker**Debtor 2 **Robert Jason Barker**

Case number (if known)

	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.							
Rep	ort a	II notices, releases, and proceedings th	nat you know about, regardless of when	they occurred.				
24.	. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Hav	re you notified any governmental unit of	f any release of hazardous material?					
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Hav	e you been a party in any judicial or ad	ministrative proceeding under any envir	onmental law? Include settlements	and orders.			
		No						
		Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Pai	t 11:	Give Details About Your Business or	Connections to Any Business					
27.	Wit	hin 4 years before you filed for bankrup	tcy, did you own a business or have an	y of the following connections to an	y business?			
		Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
		☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	p (LLP)				
		☐ A partner in a partnership						
		☐ An officer, director, or managing ex	recutive of a corporation					
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	No. None of the above applies. Go to Part 12.							
		Yes. Check all that apply above and fil	Il in the details below for each business					
		siness Name	Describe the nature of the business	Employer Identification number				
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security Dates business existed	number or ITIN.			
28.		hin 2 years before you filed for bankrup itutions, creditors, or other parties.	tcy, did you give a financial statement to		lude all financial			
		No Yos Fill in the details below						
	⊔ Na	Yes. Fill in the details below.	Date Issued					
	Ad	dress mber, Street, City, State and ZIP Code)						

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 44 of 67

Debtor 1	Donna Lynn Barker	
Debtor 2	Robert Jason Barker	Case number (if known)
with a bar		false statement, concealing property, or obtaining money or property by fraud in connection \$250,000, or imprisonment for up to 20 years, or both.
/s/ Donn	na Lynn Barker	/s/ Robert Jason Barker
Donna L	ynn Barker	Robert Jason Barker
Signature	e of Debtor 1	Signature of Debtor 2
Date Ja	anuary 9, 2020	Date January 9, 2020
Did you at	ttach additional pages to Your Statem	ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes		
Did you pa	ay or agree to pay someone who is no	t an attorney to help you fill out bankruptcy forms?
No		
☐ Yes. Na	ame of Person Attach the Bankri	ptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this infor	nation to identify your case:		
Debtor 1	Donna Lynn Barker		
	First Name Middle Name	e Last Name	
Debtor 2	Robert Jason Barker		
(Spouse if, filing)	First Name Middle Name	e Last Name	
United States Ba	inkruptcy Court for the: DISTRICT OF	NEVADA	
Case number(if known)			☐ Check if this is an amended filing
Official Fo		lividuals Filing Under Chapte	r 7 12/15
creditors have lease You must file thi	ever is earlier, unless the court extends		
	eople are filing together in a joint case, nd date the form.	both are equally responsible for supplying correct inf	ormation. Both debtors must
•	and accurate as possible. If more spac our name and case number (if known).	e is needed, attach a separate sheet to this form. On t	he top of any additional pages,
Part 1: List Yo	our Creditors Who Have Secured Clain	ns	
1. For any credit		e D: Creditors Who Have Claims Secured by Property	(Official Form 106D), fill in the
	editor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's B name:	ank of the West	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property	2014 Chevrolet Silverado Truck Location: 653 Carmel Way, Gardnerville NV 89460	Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]:	■ Yes

Creditor's Bank of the West	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	<u>_</u>
Description of 2014 Chevrolet Silverado Truck	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property Location: 653 Carmel Way, Gardnerville NV 89460	☐ Retain the property and [explain]:	
Creditor's GM Financial	☐ Surrender the property.	□No
name:	Retain the property and redeem it.	■ Va.a
Description of 2019 Chevrolet Trax 24700	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property securing debt: Cardion: 653 Carmel Way, Gardnerville NV 89460	☐ Retain the property and [explain]:	
Creditor's Private National Mortgage	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	_
Description of 653 Carmel Way Gardnerville, NV 89460 Douglas County	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property NV 09400 Douglas County	☐ Retain the property and [explain]:	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 46 of 67

ebtor 1 ebtor 2	Donna Lynn Barker Robert Jason Barker	Case number (if known)
securin	g debt:	
	List Your Unexpired Personal Property Leases	
the info	rmation below. Do not list real estate leases. U	Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), cpired leases are leases that are still in effect; the lease period has not yet ende e trustee does not assume it. 11 U.S.C. § 365(p)(2).
escribe	your unexpired personal property leases	Will the lease be assumed?
essor's n		□ No
escriptio roperty:	on of leased	☐ Yes
essor's n escriptio	name: on of leased	□ No
roperty:		☐ Yes
essor's n	name:	□ No
escriptio	on of leased	
operty.		☐ Yes
essor's n		□ No
escriptio roperty:	on of leased	☐ Yes
		2 163
essor's n		□ No
roperty:	on of leased	☐ Yes
essor's n escriptio	name. on of leased	□ No
roperty:		☐ Yes
essor's n	name:	□ No
escriptio roperty:	on of leased	
. ,		☐ Yes
art 3:	Sign Below	
	nalty of perjury, I declare that I have indicated m hat is subject to an unexpired lease.	ntention about any property of my estate that secures a debt and any personal
/s/ D	Donna Lynn Barker	X /s/ Robert Jason Barker
Don	nna Lynn Barker	Robert Jason Barker
Sign	ature of Debtor 1	Signature of Debtor 2

Date

Date

January 9, 2020

January 9, 2020

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of Nevada

In 1	Donna Lynn Barker Robert Jason Barker		Case No.		
	TOSSIT GUOGI BUINCI	Debtor(s)	Chapter	7	
	DICCLOSUDE OF COMPENSAL	TION OF ATTOI	NEV EOD DI	EDTAD(C)	
	DISCLOSURE OF COMPENSA	HON OF ATTOR	CNEY FOR DE	LB1OR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in	ne petition in bankruptcy,	or agreed to be paid	to me, for services rendered or	to
	For legal services, I have agreed to accept		\$	2,000.00	
	Prior to the filing of this statement I have received		\$	2,000.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compensation	on with any other person	unless they are mem	bers and associates of my law fi	rm.
	☐ I have agreed to share the above-disclosed compensation v copy of the agreement, together with a list of the names of				A
5.	In return for the above-disclosed fee, I have agreed to render le	egal service for all aspect	s of the bankruptcy of	ase, including:	
	 a. Analysis of the debtor's financial situation, and rendering at b. Preparation and filing of any petition, schedules, statement c. Representation of the debtor at the meeting of creditors and d. [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications as 522(f)(2)(A) for avoidance of liens on households. 	of affairs and plan which confirmation hearing, an e to market value; exe needed; preparation	may be required; d any adjourned hea	rings thereof;	
5.	By agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any dischargany other adversary proceeding.			es, relief from stay actions	or
	CE	RTIFICATION			
this	I certify that the foregoing is a complete statement of any agree bankruptcy proceeding.	ement or arrangement for	payment to me for r	epresentation of the debtor(s) in	1
_	January 9, 2020 Date	/s/ Michael G. Mill Michael G. Millwa			
		Signature of Attorne	y		
		Millward Law, Ltd 1591 Mono Ave			
		Minden, NV 89423			
		(775) 600-2776 F michael@millwar		1	
		Name of law firm			

United States Bankruptcy Court District of Nevada

In re	Donna Lynn Barker Robert Jason Barker		Case No.
		Debtor(s)	Chapter 7
Γhe abo		FICATION OF CREDITOR at the attached list of creditors is true and c	
Date:	January 9, 2020	/s/ Donna Lynn Barker Donna Lynn Barker	
		Signature of Debtor	
Date:	January 9, 2020	/s/ Robert Jason Barker	
		Robert Jason Barker	

Signature of Debtor

Donna Lynn Barker Robert Jason Barker 653 Carmel Way Gardnerville, NV 89460

Michael G. Millward Millward Law, Ltd 1591 Mono Ave Minden, NV 89423

Bank of the West Acct No 268114893 13505 California Street Omaha, NE 68154

Care Credit / Synchrony Bank Acct No xxxx-xxxx-xxxx-7494 PO Box 960061 Orlando, FL 32896-0061

Carson Valley Medical Center Acct No xxx9398 1107 Highway 395 Gardnerville, NV 89410

Carson Valley Medical Center Acct No xxxx5293 1107 Highway 395 Gardnerville, NV 89410

Chase Acct No xxxx-xxxx-xxxx-8193 PO Box 6294 Carol Stream, IL 60197

Citi Bank Acct No xxxx-xxxx-xxxx-3509 P.O. Box 78045 Phoenix, AZ 85062

Citizens One Bank Acct No 8974 One Citizens Bank Way Johnston, RI 02919

Discover Bank Acct No xxxx-xxxx-xxxx-4853 PO Box 51908 Los Angeles, CA 90051

Freedom Road Financial Acct No xxxxxxxxx6648 10509 Professional Cir 5 Reno, NV 89521 GM Financial Acct No 11102634*** P.O. Box 181145 Arlington, TX 76096-1145

Nelnet Department of Education Acct No xxxxxx2589 PO Box 2837 Portland, OR 97208

Private National Mortgage Acct No xxxxxx2790 P.O. Box 514387 Los Angeles, CA 90051

US Bank Acct No xxxx-xxxx-xxxx-0760 PO Box 790408 Saint Louis, MO 63179-0408

Wells Fargo Acct No xxxxxxxxxxxx0538 PO Box 51193 Los Angeles, CA 90051

Fill ir	n this infor	nation to identify your case:					e box only as d	irected	in this form and	l in Form
Debt	tor 1	Donna Lynn Barker			12	2A-1Sι	ipp:			
Debt (Spou	tor 2 se, if filing)	Robert Jason Barker				□ 1. T	here is no presi	umptior	n of abuse	
Unite	ed States I	Bankruptcy Court for the:District of Nevada				a	applies will be m	nade ur	nder <i>Chapter 7</i>	mption of abuse Means Test
	e number						Calculation (Offi		,	
(if kno	wn)						he Means Test qualified military		117	
						☐ Ch	eck if this is a	n ame	nded filing	
Off	icial F	orm 122A - 1								
Ch	apter	7 Statement of Your Cur	ren	t Mor	nthly Inc	om	е			10/19
attach case i	n a separate number (if l ying militar	and accurate as possible. If two married people as sheet to this form. Include the line number to we known). If you believe that you are exempted from y service, complete and file Statement of Exempliculate Your Current Monthly Income	hich the	e additior sumption	nal information of abuse becau	applies. Ise you	On the top of ar	ny addit narily co	ional pages, wri onsumer debts o	te your name and or because of
1.	What is y	our marital and filing status? Check one on	ly.							
	☐ Not m	arried. Fill out Column A, lines 2-11.								
	■ Marrie	d and your spouse is filing with you. Fill ou	t both	Columns	A and B, lines	2-11.				
	☐ Marrie	d and your spouse is NOT filing with you.	You an	nd your s	spouse are:					
	☐ Livi	ng in the same household and are not lega	lly sep	arated.	Fill out both Co	lumns	A and B, lines 2	2-11.		
	per	ng separately or are legally separated. Fill of alty of perjury that you and your spouse are lead apart for reasons that do not include evadir	egally s	separated	d under nonbar	nkruptc	/ law that applie	es or th		
10 the	11(10A). For e 6 months,	rage monthly income that you received from all example, if you are filing on September 15, the 6-m add the income for all 6 months and divide the total the same rental property, put the income from that p	onth per by 6. Fi	riod would Il in the re	be March 1 thro sult. Do not inclu	ugh Aug de any ii	ust 31. If the amo	ount of your	our monthly incor once. For examp	ne varied during ble, if both
						Colun Debto			mn B or 2 or filing spouse	
2.	_	ss wages, salary, tips, bonuses, overtime,	and co	mmissio	ons (before all	\$	3,038.44	\$	3,015.24	
3.		and maintenance payments. Do not include is filled in.	payme	ents from	a spouse if	\$	0.00	\$	0.00	
	All amou of you or from an u and room	nts from any source which are regularly payour dependents, including child support. Inmarried partner, members of your household mates. Include regular contributions from a sponot include payments you listed on line 3.	Includ , your o	e regular depende	contributions nts, parents,	\$	0.00	\$	0.00	
5.	Net incor	ne from operating a business, profession,	or farn							
			•		otor 1					
		eipts (before all deductions)	\$ _	0.00						
		and necessary operating expenses	-\$_	0.00	Copy here ->	¢	0.00	\$	0.00	
		nly income from a business, profession, or farm	n\$_	0.00	Copy nere ->	• Ф	0.00	Φ	0.00	
წ.	Net incor	ne from rental and other real property		Deh	otor 1					
	Gross roo	eipts (before all deductions)	\$	0.00						
		and necessary operating expenses	-\$ —	0.00						
		nly income from rental or other real property	\$ _		Copy here ->	\$	0.00	\$	0.00	

Official Form 122A-1

7. Interest, dividends, and royalties

0.00

\$

0.00

	na Lynn Barker ert Jason Barker			Case number	er (<i>if known</i>)			
				Column A Debtor 1		Column E Debtor 2 non-filing		
8. Unemploy	yment compensation			\$	0.00	\$	0.00	
	er the amount if you contend that the am Security Act. Instead, list it here:	ount received was a ber	nefit under					
For you		\$	0.00					
For you	r spouse	\$	0.00					
benefit und not include United Sta disability, o pay paid u does not e	or retirement income. Do not include an der the Social Security Act. Also, except a eany compensation, pension, pay, annuintes Government in connection with a distor death of a member of the uniformed seander chapter 61 of title 10, then include the exceed the amount of retired pay to which ander any provision of title 10 other than contents.	as stated in the next ser ty, or allowance paid by ability, combat-related in ervices. If you received a hat pay only to the exter i you would otherwise be	tence, do the njury or any retired nt that it	\$	0.00	\$_	0.00	
Do not inc received a domestic t United Sta disability, o	om all other sources not listed above. lude any benefits received under the Soc is a victim of a war crime, a crime against errorism; or compensation, pension, pay ites Government in connection with a dis- or death of a member of the uniformed set in a separate page and put the total below	cial Security Act; paymer t humanity, or internation , annuity, or allowance p ability, combat-related in ervices. If necessary, list	nts nal or aid by the njury or	\$	0.00	\$	0.00 0.00	
	atal amounts from apparate pages, if any	,		· —		· —		
I	otal amounts from separate pages, if any	.	+	\$	0.00	\$	0.00	
each colur	your total current monthly income. Acomn. Then add the total for Column A to the termine Whether the Means Test Appli	e total for Column B.	\$	3,038.44	+ \$	3,015.24	Total current r	
12. Calculate	your current monthly income for the	ear. Follow these steps	:					
	your total current monthly income from	•		Сор	by line 11 h	ere=>	\$6,05	3.68
Multip	oly by 12 (the number of months in a yea	r)					x 12	
12b. The r	esult is your annual income for this part of	of the form				1:	2b. \$ 72,64	4.16
13. Calculate	the median family income that applies	s to you. Follow these s	teps:					
Fill in the s	state in which you live.	NV						
Fill in the r	number of people in your household.	2						
To find a li	median family income for your state and s ist of applicable median income amounts m. This list may also be available at the b	, go online using the link		in the separ	rate instruct		3. § 64,58	6.00
14. How do th	ne lines compare?							
14a. 🛚	Line 12b is less than or equal to line 1: Go to Part 3.	3. On the top of page 1,	check box	1, There is	no presum	ption of ab	use.	
14b. ■	Line 12b is more than line 13. On the t Go to Part 3 and fill out Form 122A-2.	op of page 1, check box	2, The pro	esumption o	of abuse is o	determined	by Form 122A-2.	
Part 3: Sig	n Below							
By sig	gning here, I declare under penalty of per	rjury that the information	on this sta	atement and	I in any atta	chments is	true and correct.	
X /s/	Donna Lynn Barker	X	/s/ Rob	ert Jason	Barker			
		^						
	onna Lynn Barker gnature of Debtor 1		Robert	Jason Ba	rker			

Debtor 1 Debtor 2	Donna Lynn Barker Robert Jason Barker			Case number (if known)	
Da	te January 9, 2020 MM / DD / YYYY	Date	January MM / DD /	,	
	If you checked line 14a, do NOT fill out or file Form 122A-2.				
	If you checked line 14b, fill out Form 122A-2 and file it with this	form.			

Fill in this in	nformation to identify your case:	Check the appropriate box as directed in lines 40 or 42:
Debtor 1	Donna Lynn Barker	IIIIes 40 01 42.
Debtor 2	Robert Jason Barker	According to the calculations required by this Statement:
(Spouse, if fi	iling)	-
United State	es Bankruptcy Court for the: District of Nevada	■ 1. There is no presumption of abuse.
Case numbe	er	☐ 2. There is a presumption of abuse.
,		☐ Check if this is an amended filing
Official	Form 122A - 2	•

Chapter 7 Means Test Calculation

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Pai	t 1: Determine Your Adjusted Income					
1.	Copy your total current monthly income. Copy	line 11 from Official For	m 122A-1 h	ere=>	\$	6,053.68
2.	Did you fill out Column B in Part 1 of Form 122A-1? ☐ No. Fill in \$0 for the total on line 3. ☐ Yes. Is your spouse Filing with you? ☐ No. Go to line 3. ☐ Yes. Fill in \$0 for the total on line 3.					
3.	Adjust your current monthly income by subtracting any part of household expenses of you or your dependents. Follow these so the continuous of the incompanies of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below:	steps:			d for the h	nousehold
	State each purpose for which the income was used For example, the income is used to pay your spouse's tax do support other than you or your dependents.	are subtraction your spous	amount you cting from se's income			
	Total.	\$ \$	0.00			
4.	Adjust your current monthly income. Subtract line 3 from line 1		Сор	y total here=:	•··· • \$ _ \$	6,053.68

Official Form 122A-2

btor 1 btor 2	Donna Lynn Barker Robert Jason Barker		Case number	(if known)			
rt 2:	Calculate Your Deductions from Your Income						
to an	Internal Revenue Service (IRS) issues National and Leswer the questions in lines 6-15. To find the IRS staructions for this form. This information may also be a	ndards, go online ι	ising the link speci	fied in the s		ounts	
your	uct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Description in line 3 and do not deduct any operating expenses the	o not deduct any an	nounts that you subtr	acted fro you	ur spouse's		
f you	ur expenses differ from month to month, enter the average	ge expense.					
Whe	never this part of the from refers to you, it means both you	ou and your spouse	if Column B of Form	122A-1 is fill	ed in.		
5.	The number of people used in determining your ded	luctions from incor	ne				
	Fill in the number of people who could be claimed as ex plus the number of any additional dependents whom yo the number of people in your household.				2		
		I Ctandarda ta angu	er the auestions in li	nes 6-7.			
Natio	onal Standards You must use the IRS National	ii Standards to answ	or the questions in in				
6. 7.	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care allowance of the dollar amount for out-of-pocket health care.	people you entered d other items. per of people you en nber of people is spl a higher IRS allowa	in line 5 and the IRS tered in line 5 and the it into two categories nce for health care c	e IRS Nation	are under	65 and	•
6. 7.	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance.	people you entered d other items. per of people you en nber of people is spl a higher IRS allowa	in line 5 and the IRS tered in line 5 and the it into two categories nce for health care c	e IRS Nation	al Standard	65 and	1,288.00
6. 7. Peo p	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additional contents.	people you entered d other items. per of people you en nber of people is spl a higher IRS allowa	in line 5 and the IRS tered in line 5 and the it into two categories nce for health care c	e IRS Nation	al Standard	65 and	•
6. 7. Peo p	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additional old who are under 65 years of age	people you entered d other items. per of people you en nber of people is spl a higher IRS allowa onal amount on line	in line 5 and the IRS tered in line 5 and the it into two categories nce for health care c	e IRS Nation	al Standard	65 and	•
6. 7. Peo p	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional old who are under 65 years of age 7a. Out-of-pocket health care allowance per person	people you entered d other items. per of people you en inber of people is spling a higher IRS allowational amount on line.	in line 5 and the IRS tered in line 5 and the it into two categories nce for health care c	e IRS Nationpeople who costs. If your	al Standard	65 and	•
6. 7. Peop	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional old who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65	people you entered d other items. per of people you en of people is splicated a higher IRS allowated and amount on line splicated and the splice of the spl	in line 5 and the IRS tered in line 5 and the it into two categories nce for health care c	e IRS Nationpeople who costs. If your	nal Standard o are under o actual expe	65 and	•
6. 7. Peop	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional old who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.	people you entered d other items. per of people you en of people is splicated a higher IRS allowated and amount on line splicated and the splice of the spl	in line 5 and the IRS tered in line 5 and the it into two categories nce for health care c	e IRS Nationpeople who costs. If your	nal Standard o are under o actual expe	65 and	•
6. 7. Реор	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additional of the who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.	people you entered d other items. per of people you en on the of people is spleated a higher IRS alloward amount on line \$	in line 5 and the IRS tered in line 5 and the it into two categories nce for health care c	e IRS Nationpeople who costs. If your	nal Standard o are under o actual expe	65 and	•
6. 7. Peo p	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional olde who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. 1 cole who are 65 years of age or older 7d. Out-of-pocket health care allowance per person	people you entered d other items. per of people you en on the of people is spleated a higher IRS allowated amount on line. \$	in line 5 and the IRS tered in line 5 and the it into two categories nce for health care c	e IRS Nationpeople who osts. If your	nal Standard o are under o actual expe	65 and	•

Debtor 1 Debtor 2		Oonna Lynn Barker Robert Jason Barker				Case number	(if known)			
Loc	al St	andards You must use the IRS Local S	Standards to ans	wer the qu	uestions in lir	nes 8-15.				
		n information from the IRS, the U.S. Tr tcy purposes into two parts:	ustee Program	has divid	ed the IRS L	₋ocal Stand	ard for ho	using for		
		ing and utilities - Insurance and operat	• .							
F	lous	ing and utilities - Mortgage or rent exp	enses							
To a	ınsw	rer the questions in lines 8-9, use the U	J.S. Trustee Pro	gram cha	ırt.					
		ne chart, go online using the link specified rt may also be available at the bankruptcy	•	instructior	ns for this for	m.				
8.		using and utilities - Insurance and oper ne dollar amount listed for your county for								541.00
9.	Ηοι	using and utilities - Mortgage or rent ex	penses:							
	9a.	Using the number of people you entered listed for your county for mortgage or re					\$	1,368.00		
	9b.	Total average monthly payment for all m	nortgages and ot	her debts	secured by y	our home.				
		To calculate the total average monthly p contractually due to each secured credit for bankruptcy. Then divide by 60.								
		Name of the creditor		Average payment	•					
		Private National Mortgage		\$	1,484.25					
		Total average mont	hly payment	\$	1,484.25	Copy here=>	-\$	1,484.25	Repeat this amount on line 33a.	
	9c.	Net mortgage or rent expense.								
		Subtract line 9b (total average monthly por rent expense). If this amount is less that				\$	0.	Copy here=>	\$	0.00
10.		ou claim that the U.S. Trustee Program					g is incorr	ect and	\$	0.00
	Ex	plain why:								
11.	Loc	cal transportation expenses: Check the	number of vehic	les for whi	ich you claim	ı an ownersh	nip or opera	ating expense).	
). Go to line 14.								
		1. Go to line 12.								
	_									

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

410.00

\$

2 or more. Go to line 12.

Case number (if known)

•		y not claim the expense an two vehicles.								
Veh	icle 1	Describe Vehicle 1:	2014 Chevrolet Silvera Gardnerville NV 89460		Location: 6	653 Carm	el V	Vay,		
13a. (Ownersh	hip or leasing costs using	g IRS Local Standard			\$		508.00		
	·	e monthly payment for all nclude costs for leased v	I debts secured by Vehicle 1 vehicles.							
;	are cont		ly payment here and on line cured creditor in the 60 mon			at				
	Naı	me of each creditor for	r Vehicle 1	Average payment						
	Ва	ink of the West		\$	499.10					
		Total A	Average Monthly Payment	\$	499.10	Copy here =>	-\$	499	Repeat this amount on line 33b.	
									Camus mad	
;			if this amount is less than \$0 2019 Chevrolet Trax 24	1700 miles	s Location:	\$ 653 Carr	mel '	8.90 Way,	Copy net Vehicle 1 expense here => \$	8.90
Veh	Subtract	t line 13b from line 13a. i	if this amount is less than \$0	1700 miles		653 Carr	mel '		Vehicle 1 expense	8.90
Veh	Subtract icle 2 Ownersh Average	Describe Vehicle 2:	if this amount is less than \$0 2019 Chevrolet Trax 24 Gardnerville NV 89460	1700 miles		653 Carr	mel '	Way,	Vehicle 1 expense	8.90
Veh 3d. (Subtract icle 2 Ownersh Average leased v	Describe Vehicle 2: hip or leasing costs using a monthly payment for all	2019 Chevrolet Trax 24 Gardnerville NV 89460 g IRS Local Standard	1700 miles	lude costs for	653 Carr	mel	Way,	Vehicle 1 expense	8.90
Veh	Subtract icle 2 Ownersh Averagee leased v	Describe Vehicle 2: hip or leasing costs using emonthly payment for all vehicles.	2019 Chevrolet Trax 24 Gardnerville NV 89460 g IRS Local Standard	1700 miles Do not inc Average	lude costs for	653 Carr	mel '	Way,	Vehicle 1 expense	8.90
Veh	Subtract icle 2 Ownersh Averagee leased v	Describe Vehicle 2: hip or leasing costs using emonthly payment for all vehicles. me of each creditor for	2019 Chevrolet Trax 24 Gardnerville NV 89460 g IRS Local Standard	Do not inc	lude costs for	653 Carr	mel '	Way,	Vehicle 1 expense here => \$ Repeat this amount on	8.90
Veh	Subtract icle 2 Ownersh Average leased v Nat	Describe Vehicle 2: hip or leasing costs using a monthly payment for all vehicles. me of each creditor for M Financial Total A	2019 Chevrolet Trax 24 Gardnerville NV 89460 g IRS Local Standard I debts secured by Vehicle 2 r Vehicle 2	Average payment	monthly 364.82	653 Carr Copy here => -\$	mel	Way, 508.00	Vehicle 1 expense here => \$ Repeat this amount on	143.18
Veh	Subtract icle 2 Ownersh Average leased v Nat GN Net Veh Subtract	Describe Vehicle 2: hip or leasing costs using a monthly payment for all vehicles. me of each creditor for M Financial Total A sicle 2 ownership or lease t line 13e from line 13d. its cransportation expense	2019 Chevrolet Trax 24 Gardnerville NV 89460 g IRS Local Standard I debts secured by Vehicle 2 r Vehicle 2 Average Monthly Payment e expense	Average payment \$ \$ \$ n line 11, us	monthly 364.82 364.82	Copy here => -\$		Way, 508.00 364.8	Repeat this amount on line 33c. Copy net Vehicle 2 expense here => \$	

Donna Lynn Barker Robert Jason Barker

Debtor 1 Debtor 2

Debtor 1
Debtor 2
Debtor 2
Debtor 3
Debtor 4
Debtor 5
Debtor 5
Debtor 6
Debtor 1
Debtor 7
Debtor 1
Debtor 2
Debtor 1
Debtor 1
Debtor 2
Debtor 1
Debtor 1
Debtor 2
Debtor 1
Debtor 2
Debtor 1
Debtor 2
Debtor 3
Debtor 4
Debtor 4
Debtor 4
Debtor 5
Debtor 6
Debtor 7
Deb

	the following IRS categories.		
16.	Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sales, or use taxes.	\$_	10,184.25
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$_	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$_	0.00
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.		
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$_	0.00
20.	Education: The total monthly amount that you pay for education that is either required:		
	as a condition for your job, or		
	for your physically or mentally challenged dependent child if no public education is available for similar services.	\$_	0.00
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for any elementary or secondary school education.	\$_	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.		
	Payments for health insurance or health savings accounts should be listed only in line 25.	\$	690.00
23.	Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.		
	Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$_	0.00
24.	Add all of the expenses allowed under the IRS expense allowances.	\$	13,375.33
	Add lines 6 through 23.		

Debtor 1 Debtor 2 Ponna Lynn Barker Robert Jason Barker Case number (if known)

Add	itional l	Expense Deductions	These are additional	deduction	ns allowed by th	e Means Test.		
			Note: Do not include a	any expe	nse allowances	listed in lines 6-24.		
25.	insurar					ses. The monthly expenses for health y necessary for yourself, your spouse,	or	
	Health	insurance		\$	26.44			
	Disabili	ity insurance		\$	0.00			
	Health	savings account		+ \$	0.00			
	Total			\$	26.44	Copy total here=>	\$	26.44
	Do vou	actually spend this total a	amount?					
	_ `	, ,						
		No. How much do you ac	tually spend?	\$				
26.	continu	ued contributions to the le to pay for the reasonab	le and necessary care ur immediate family w	or family and supp ho is una	port of an elderl ble to pay for su	actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b).	\$	0.00
27.						nses that you incur to maintain the es Act or other federal laws that apply.		
	By law,	the court must keep the i	nature of these expens	ses confic	dential.		\$	0.00
28.	Additional National N	onal home energy costs	. Your home energy co	osts are ir	ncluded in your	insurance and operating expenses on		
		pelieve that you have hom fill in the excess amount			an the home er	nergy costs included in expenses on line	Э	
		ust give your case trustee t claimed is reasonable ar		r actual e	expenses, and y	ou must show that the additional	\$	0.00
29.	\$170.8		for your dependent ch			e monthly expenses (not more than han 18 years old to attend a private or		
		ust give your case trustee d is reasonable and neces				ou must explain why the amount 3.		
	* Subje	ect to adjustment on 4/01/2	22, and every 3 years	after that	for cases begui	n on or after the date of adjustment.	\$	0.00
30.	higher		nd clothing allowances	s in the IF	RS National Star	ctual food and clothing expenses are ndards. That amount cannot be more		
		a chart showing the maxi tions for this form. This ch			•	link specified in the separate rk's office.		
	You mu	ust show that the additiona	al amount claimed is re	easonable	e and necessar	y.	\$	0.00
31.		uing charitable contributents to a religious or char				ntribute in the form of cash or financial	+\$	0.00
32.		I of the additional expenes 25 through 31.	se deductions.				\$	26.44

Debtor 1
Debtor 2
Debtor 2
Debtor 3
Debtor 4
Debtor 5
Debtor 5
Debtor 6
Debtor 1
Debtor 7
Debtor 1
Debtor 2
Debtor 1
Debtor 1
Debtor 2
Debtor 1
Debtor 1
Debtor 2
Debtor 1
Debtor 2
Debtor 1
Debtor 2
Debtor 3
Debtor 4
Debtor 4
Debtor 4
Debtor 5
Debtor 6
Debtor 7
Deb

22 64	ctions for Debt Payment							
	or debts that are secured by an inter ans, and other secured debt, fill in li		ling home mo	ortgag	es, vehicle			
	o calculate the total average monthly peditor in the 60 months after you file fo		ractually due t	o each	n secured			
	Mortgages on your home:						Average monthly payment	
33a.	Copy line 9b here					=> \$	1,484.2	25
	Loans on your first two vehicles:							
33b.	Copy line 13b here					=> \$	499.1	0
33c.	Copy line 13e here					=> \$	364.8	32
33d.	List other secured debts:							
Name	of each creditor for other secured debt	Identify property that secures the	e debt		Does payment include taxes insurance?			
					□ No			
	-NONE-				☐ Yes	\$;	
-					_			
					□ No			
-					☐ Yes	\$		
					□ No			
					☐ Yes	+\$;	
-						\neg		
						Copy		
33e.	Total average monthly payment. Add	lines 33a through 33d	\$		2,348.17	Copy total here=:	> \$ <u>2,348</u> .	.17
34. Ar or	re any debts that you listed in line 3: other property necessary for your s No. Go to line 35. Yes. State any amount that you mu listed in line 33, to keep posse	3 secured by your primary residence support or the support of your dependence of the payers of the payers of your property (called the cure).	e, a vehicle, indents?		2,348.17	total	> \$ <u>2,348.</u>	.17
34. Ar or ■	re any debts that you listed in line 3: other property necessary for your solution. Go to line 35. I Yes. State any amount that you mu	3 secured by your primary residence support or the support of your dependence of the payers of the payers of your property (called the cure).	e, a vehicle, ndents? payments amount).		otal cure	total	Monthly cure	.17
34. Ar or	re any debts that you listed in line 3: other property necessary for your self. No. Go to line 35. I Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the	3 secured by your primary residence support or the support of your dependence st pay to a creditor, in addition to the passion of your property (called the cure information below.	e, a vehicle, ndents? payments amount).	aı		total		.17
34. Ar or ■	re any debts that you listed in line 3: other property necessary for your self. No. Go to line 35. I Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the	3 secured by your primary residence support or the support of your dependence st pay to a creditor, in addition to the passion of your property (called the cure information below.	e, a vehicle, ndents? payments amount).		otal cure mount	total	Monthly cure amount	.17
34. Ar or	re any debts that you listed in line 3: other property necessary for your self. No. Go to line 35. I Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the	3 secured by your primary residence support or the support of your dependence st pay to a creditor, in addition to the passion of your property (called the cure information below.	e, a vehicle, ndents? payments amount).	aı	otal cure mount	total here=:	Monthly cure amount	0.0
Name -NO	re any debts that you listed in line 3: other property necessary for your self. No. Go to line 35. I Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the	as a priority tax, child support, or al	e, a vehicle, indents? payments a amount). Total \$ imony - that	aı	otal cure mount	÷ 60 = Copy total	Monthly cure amount	
Name -NO	re any debts that you listed in line 3: rother property necessary for your self. No. Go to line 35. I Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the of the creditor NE- D you owe any priority claims such a e past due as of the filing date of your self.	as a priority tax, child support, or al	e, a vehicle, indents? payments a amount). Total \$ imony - that	aı	otal cure mount	÷ 60 = Copy total	Monthly cure amount	
Name -NO	re any debts that you listed in line 3: rother property necessary for your self. No. Go to line 35. I Yes. State any amount that you mulisted in line 33, to keep posse Next, divide by 60 and fill in the of the creditor NE- Decrease you owe any priority claims such a past due as of the filling date of your desired in line 3.	as a priority tax, child support, or all our bankruptcy case? 11 U.S.C. § 50 these priority claims. Do not include of support of your primary residence information below.	e, a vehicle, indents? payments a amount). ot Total \$ imony - that 7.	aı	otal cure mount	÷ 60 = Copy total	Monthly cure amount	

Debtor 2	Rob	ert Jason Barker		Case nu	umber (<i>if known</i>)		
36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office.							
ı	No.	Go to line 37.					
[☐ Yes.	Fill in the following information.					
		Projected monthly plan payment if you were filing under	Chapter 13	\$			
		Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).					
	To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.					Сору	total
		Average monthly administrative expense if you were filing	ng under Ch	apter 13	\$	here=	=> \$
37.		of the deductions for debt payment. es 33e through 36.					\$\$
Tota	l Deduc	tions from Income					
38. /	Add all c	of the allowed deductions.					
		ne 24, All of the expenses allowed under IRS e allowances	\$	13,375.33			
	Copy lin	ne 32, All of the additional expense deductions	\$	26.44			
	Copy lin	ne 37, All of the deductions for debt payment	+\$	2,348.17	٦		
		Total deductions	\$	15,749.94	Copy total I	nere=>	\$ 15,749.94
Part 3:	Det	termine Whether There is a Presumption of Abuse					
39. (Calculate	e monthly disposable income for 60 months					
	39a. Co	ppy line 4, adjusted current monthly income	\$	6,053.68			
	39b. Co	ppy line 38,Total deductions	-\$	15,749.94			
		onthly disposable income. 11 U.S.C. § 707(b)(2). abtract line 39b from line 39a	\$	-9,696.26	Copy here=>\$	-9	,696.26
	For the	next 60 months (5 years)			_	x 60	
		· · · · · · · · · · · · · · · · · · ·					
	39d. To	otal. Multiply line 39c by 60	39d.	\$581	,775.60	Copy here=>	\$581,775.60
40. Find out whether there is a presumption of abuse. Check the box that applies:							
■ The line 39d is less than \$8,175*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.							
[☐ The line 39d is more than \$13,650*. On the top of page 1 of this form, check box 2, <i>There is a presumption of abuse</i> . You may fill out Part 4 if you claim special circumstances. Go to Part 5.						
[☐ The line 39d is at least \$8,175*, but not more than \$13,650*. Go to line 41.						
*	*Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.						

Donna Lynn Barker

Debtor 1

Case 20-50032-btb Doc 1 Entered 01/10/20 01:57:08 Page 62 of 67

ebtor 1 ebtor 2		na Lynn Barker ert Jason Barker	Case	e number (if	known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If A Summary of Your Assets and Liabilities and Certain Statistical Schedules (Official Form 106Sum), you may refer to line 3b on the	nformation	\$x	.25	7	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707 Multiply line 41a by 0.25		\$		Copy here=>	\$
25	% of y	ne whether the income you have left over after subtracting all a your unsecured, nonpriority debt. e box that applies:		ctions is	enough to p	ay	
_	Line	39d is less than line 41b. On the top of page 1 of this form, check part 5.	box 1, There	is no pres	sumption of a	buse.	
		39d is equal to or more than line 41b. On the top of page 1 of th <i>umption of abuse.</i> You may fill out Part 4 if you claim special circum					
Part 4:	Giv	ve Details About Special Circumstances					
_	es. Fil ite Yo	to to Part 5. I in the following information. All figures should reflect your average m. You may include expenses you listed in line 25. The most give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee docing justments.	at make the exp	penses oi	r income adju	stments	
	G	Sive a detailed explanation of the special circumstances	Ave or i	erage mo income a	onthly expen djustment	se	
			\$				
			\$				
			\$				
			\$				
art 5:	Sic	ın Below					
ait J.		gning here, I declare under penalty of perjury that the information of	n this statemer	nt and in a	any attachme	ents is true	and correct.
	χ /s/	/ Donna Lynn Barker X	/s/ Robert Ja	ison Bai	rker		
	Do	onna Lynn Barker	Robert Jaso Signature of De	n Barke			
Da	7		January 9, 2				
	M	M/DD/YYYY	MM / DD / YY	YY			

Debtor 1 Debtor 2 Robert Jason Barker Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2019 to 12/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Carson Valley Medical Center

Income by Month:

6 Months Ago:	07/2019	\$2,794.00
5 Months Ago:	08/2019	\$2,794.00
4 Months Ago:	09/2019	\$2,873.00
3 Months Ago:	10/2019	\$2,787.65
2 Months Ago:	11/2019	\$4,188.00
Last Month:	12/2019	\$2,794.00
	Average per month:	\$3,038.44

Debtor 1 Debtor 2 Robert Jason Barker Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 07/01/2019 to 12/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Ace Hardware

Income by Month:

6 Months Ago:	07/2019	\$3,015.24
5 Months Ago:	08/2019	\$3,015.24
4 Months Ago:	09/2019	\$3,015.24
3 Months Ago:	10/2019	\$3,015.24
2 Months Ago:	11/2019	\$3,015.24
Last Month:	12/2019	\$3,015.24
	Average per month:	\$3,015.24

Name, Address, Telephone No. & I.D. No. Michael G. Millward 11212 1591 Mono Ave Minden, NV 89423 (775) 600-2776 11212 NV	
UNITED STATES BANKRUPTCY COURT District of Nevada	
In Re Donna Lynn Barker Robert Jason Barker	BANKRUPTCY NO. CHAPTER NO. 7
Debtor(s)	
DECLARATION RE: ELECTRONIC FIL SCHEDULES, STATEMENTS AND PI	
PART I - DECLARATION OF PETITIONER	
I [We]Donna Lynn Barker andRobert Jason Barker, the penalty of perjury that the information I have given my attorney and the petition, statements, schedules, amendments and plan (if applicable) as my attorney filing my petition, this declaration, statements, schedules as United States Bankruptcy Court. I understand that this DECLARATION Clerk once all schedules have been filed electronically but, in no event, petition was electronically filed. I understand that failure to file the signerase to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further a lift petitioner is an individual whose debts are primarily concept chapter 7 or 13. I am aware that I may proceed under understand the relief available under each such chapter request relief in accordance with the chapter specified in [If petitioner is a corporation or partnership] I declare uprovided in this petition is true and correct, and that I have the debtor. The debtor requests relief in accordance with the chapter specified in the debtor.	information provided in the electronically filed indicated above is true and correct. I consent to had plan (if applicable) as indicated above to the RE: ELECTRONIC FILING is to be filed with the no later than 15 days following the date the ed original of this DECLARATION will cause my notice. Onsumer debts and has chosen to file under chapter 7, 11, 12, or 13 of 11 United States Code, r, and choose to proceed under chapter 7 or 13. In this petition. In this petition. In this petition are been authorized to file this petition on behalf of
Dated: January 9, 2020	
Signed: /s/ Donna Lynn Barker Donna Lynn Barker (Applicant)	/s/ Robert Jason Barker Robert Jason Barker (Joint Applicant)
PART II - DECLARATION OF ATTORNEY	, , ,
I, the attorney for the petitioner named in the foregoing petitio [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, Lavailable under each such chapter.	
Dated: January 9, 2020	
Signed: /s/ Michael G. Millward Michael G. Millward 11212	

Attorney for Debtor(s)

Certificate Number: 15725-NV-CC-033854905



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>December 19, 2019</u>, at <u>9:55</u> o'clock <u>PM EST</u>, <u>Donna Barker</u> received from <u>001 Debtorcc</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>District of Nevada</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date:	December 19, 2019	ву:	/s/Mana Avecinas
		Name:	Maria Avecillas
		Title:	Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Certificate Number: 15725-NV-CC-033854906



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>December 19, 2019</u>, at <u>9:55</u> o'clock <u>PM EST</u>, <u>Robert Barker</u> received from <u>001 Debtorcc</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>District of Nevada</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 19, 2019 By: /s/Maria Avecillas

Name: Maria Avecillas

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).